



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

INSTRUCTIONS FOR BASIC APPLICATION

GENERAL REQUIREMENTS

- a. You must be at least 21 years old to apply.
- b. You must be a Kentucky resident for the past year unless a Corporation, LLC, or Ltd. Partnership.
- c. You must be a U.S. citizen unless you apply as a Corporation, LLC, or Ltd. Partnership.
- d. Individuals, owners, partners, officers, directors, and interested parties cannot get a license if convicted of any felony during the past five years or any alcohol or controlled substance related misdemeanor during the past two years.

LOCAL APPROVAL PROCESS

There may be local as well as state requirements and fees. The local ABC administrator's approval of an application must be sent to the state ABC administrator before your license can be processed in Frankfort. Visit [http://abc.ky.gov/](http://abc.ky.gov) to find the local ABC administrator in your area.

(Local approval is not required for Special Non Beverage Alcohol, Entertainment Destination Center, Qualified Historic Site, Distilled Spirits and Wine Storage, Malt Beverage Storage, Winery, Small Farm Winery, Small Farm Winery off Premises, and Small Farm Winery Wholesaler license applications.)

TIME TO PROCESS APPLICATIONS

The state ABC office needs at least 60 days to process an application. Local administrator processing time is in addition to that required by the state application. This timeline is based upon when a complete application is received by our office. Please consider the processing time a local ABC Administrator may take to review the application. If the application is withdrawn or is not issued, the fee will be refunded upon receipt of a **written request for a refund** minus a \$50 application processing fee.

TRANSITIONAL LICENSE APPLICATIONS

If applying for Transitional license(s) the only requirements at the time of initial application will be submission of a complete Basic Application (local approval is not required for a Transitional license), full licensing fees, and a copy of the advertisement and affidavit.

Be advised, you must submit in writing that you understand your permanent license will not be considered for issuance if there is any tax debt found to be owed by the seller to the Kentucky Department of Revenue or any debt owed to a Kentucky liquor wholesaler.

If your transitional license(s) is approved, the remaining full application requirements, along with local approval, must be submitted before a final decision may be made on the approval of your permanent license(s). **Approval of a transitional license does not guarantee approval of your permanent licenses. Transitional licenses are effective up to 60 days, with one 30 day extension allowed, if needed.**

HOW TO APPLY

STEP 1 Advertise your intention to apply for an ABC license(s) one time in the newspaper of record for the county your business is located in. An officer of the newspaper must complete an affidavit of publication. Attach the completed affidavit of publication form and the newspaper clipping to your application. An example of how your advertisement must read is part of the application packet.

No license may be considered for approval until the 30 day protest period from the day your advertisement was published has passed.

Please do not submit an advertisement that is over 90 days old.

(Advertising is not required if applying for a, Special Non Beverage Alcohol, Malt Beverage Storage, Distilled Spirits/ Wine Storage, or Bottling House Storage license.)

STEP 2 Applicants must attach copies of statewide police criminal background checks, from all states where they resided during the past five (5) years. For Kentucky dial (502) 573-1682 or go to <http://www.courts.ky.gov>. Attach background checks for all primary officers of a privately owned Corporation or LLC and for any person who owns more than 10%. Attach background checks for the three highest officers of a publicly traded Corporation or non-profit organization, the Trustee if the private Corporation is owned in whole or part by a Trust, and the three highest officers of any entity that owns the Corporation or LLC in whole or part.

- **Kentucky criminal background checks may be up to six months old when submitted.**
- **Out of State criminal background checks may be up to twelve months old when submitted.**

STEP 3 Attach a copy of the articles of incorporation, partnership papers, or organizational papers, if you are applying as a Corporation, Limited Partnership, or LLC.

STEP 4 Attach a copy of the deed, lease, or permit for the real estate premises where you plan to sell alcohol.

STEP 5 Verify all information in Section A is correct. The premises address must match the address listed on the required lease, deed, or permit. Contact information that is required in Section A must be current. Email, phone numbers, and special mailing addresses are important for the Department to be able to contact you. Not being able to contact the applicant or a contact person will result in the application being rejected. If your license is approved, it is very important to keep all of your contact information up-to-date with this Department.

STEP 6 Call the Kentucky Revenue Cabinet at (502) 564-3306 to get the Kentucky sales tax numbers for your business as requested in Section B. Your application may be submitted without these tax numbers but the final license will not be issued until tax numbers have been provided.

STEP 7 Please read and complete the entire application. All questions must be answered. Section C must be completed entirely; omitting any information requested in Section C will result in your application being rejected. In Section C list all owners of the business, whether a privately-owned Sole Proprietor, Partnership, Corporation, Limited Liability Partnership or Limited Liability Company (LLC). Name the trustee if the company is owned in whole or part by a trust. Give the names and ownership percentages of the three highest officers of any entity that owns the Corporation or LLC in whole or part; or if a non-profit organization.

Answer all questions in Section D.

Section E contains the license types to select from, specific business types, and additional attachments that are required for submission.

If the applicant is buying an existing business or a current quota ABC license, Seller Verification must be completed and signed. Application Affidavit must be signed by an individual listed in Section C (please print the name of the signee).

STEP 8 **YOUR APPLICATION PACKET WILL BE REJECTED IF NOT COMPLETE.**

STEP 9 Pay your application fee(s) by attaching a completed **REMITTANCE FORM**, a **certified check**, **cashier's check**, or **money order payable to: KENTUCKY STATE TREASURER. WE DO NOT ACCEPT CASH.**

Licensing Fees are pro-rated on a half year basis. To accurately determine payment amount find the county expiration date (Renewal schedule is included in the application packet) and submit either a full or half year payment as applicable.

SITE INSPECTIONS

The Kentucky Department of Alcoholic Beverage Control will assign an Investigator after a complete application is received. The Investigator will contact you at the numbers provided on the application to schedule a site inspection at which you or your legally authorized representative will be interviewed. Give the Investigator a professional floor plan or blueprint depicting the interior layout of the premises to be licensed. Final consideration of your application will take place only after the Investigator's inspection report is filed. A second or final inspection is required if construction or remodeling of the real estate premises to be licensed was incomplete at the time of the first inspection.



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Val. _____

BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applications will be returned if all questions are not answered completely.

Val. _____

LEAVE BLANK - FOR ABC USE ONLY

License # _____ \$ _____ License # _____ \$ _____ License # _____ \$ _____

License # _____ \$ _____ License # _____ \$ _____ License # _____ \$ _____

Reviewing Licensing Administrative Specialist: _____ Input Date: _____ Review Date: _____

Malt Beverage Administrator's Approval: _____ Date: _____

Distilled Spirits Administrator's Approval: _____ Date: _____

SECTION A

SECTION B

Applicant's business/company name: _____
(applicant's name, if sole proprietor)

DBA (Doing Business As): _____

Address of premises to be licensed: _____

City: _____ State: _____ Zip code: _____

County: _____ E-mail address: _____

Mailing address (if different from above): _____

Contact person: _____ Contact phone: _____

Fax: _____ Premises phone: _____ Fee enclosed: \$ _____

Tax numbers must be issued in the applicant's name.

Ky. Sales & Use Tax # _____

Ky. Withholding Tax # _____

Ky. Corporate Tax # _____

Federal EIN # _____

SECTION C

Complete the following for the business proprietor, partner(s), and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately held, show 100% of the ownership. If this is a publicly-traded company or a non-profit company, list the top three officers and any natural person who owns ten (10%) percent or more interest. Make an attachment if additional space is needed.

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK F= FAX C= CELL	SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION D

1. Is this a publicly-traded company? YES NO
 If yes, **attach** the criminal background checks for the top three officers and any person who owns ten percent (10%) or greater interest.
 If no, **attach** the criminal background checks for all persons listed in Section C.
2. Is the applicant the owner of the real estate where these premises are to be licensed? YES NO
 If yes, **attach** a deed. If no, **attach** a signed copy of the lease, permit, management agreement, or land contract.
 ABC **will not** issue any license(s) unless the lease extends through the full period of the license expiration date.
 ABC **will not** issue any license(s) unless the applicant has an active and valid deed, lease, permit, management agreement, or land contract for the licensed premises.
 If the applicant is not the owner of the real estate premises:
 Name the owner of the real estate: _____
 Give the address of the owner of the real estate : _____
 Give a contact number for the owner of the real estate: _____
 Expiration date of the lease, permit, management agreement, or land contract (MM/DD/YY): _____
3. Is the applicant a corporation, limited partnership, or limited liability company (LLC)? YES NO
 If yes:
 • Identify the state in which the applicant is incorporated or organized: _____
 • **Attach** a copy of the applicant's Articles of Incorporation or Articles of Organization.
 • If incorporated or organized outside of Kentucky, **attach** a Certificate of Authority to do business in Kentucky.
 • List the name and address of the individual who is designated as the process agent to receive legal notifications:

4. Is the entire license fee paid by the applicant and not by any other person? YES NO
5. List all (i.e. crowd sourcing, gift, and/or loan) sources of the funds for the premises, business, and license fees:

 a. If funding was obtained with a loan, list the name of the lender(s) or individuals(s): _____
 b. List the name(s) of the financial institution(s) where the licensee will bank: _____
6. Has the applicant or any person listed in Section C ever been licensed to sell alcoholic beverages? YES NO
 If yes, check the license type(s) and give the name of the state(s):
 Alcohol Producer: _____
 Distributor/Wholesaler: _____
 Retailer: _____
7. Does the applicant or any person named in Section C of this application have a substantial interest in another alcohol license type (alcohol producer, distributor/wholesaler, or retailer)? (804 KAR 4:015) YES NO
8. Has the applicant or any person named in Section C been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? (KRS 243.100(1)(a)) YES NO
 If yes, **attach** a statement identifying the person(s) convicted and date(s) and type(s) of conviction(s).
9. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c)) YES NO
 If yes, **attach** a statement identifying the person(s) convicted and date(s) and type(s) of conviction(s).

SECTION D (Continued)

10. Has there ever been a suspension, denial, or revocation of any alcoholic beverage license held by the applicant or by any person named in Section C of this application? If yes, **attach** a statement giving a full explanation, including dates of suspension, denial, or revocation. YES NO
11. Are the premises currently licensed? YES NO
 If yes, give the Kentucky License number(s) _____
- a. Are the rights of an existing Quota Retail Package license or a Quota Retail Drink license being transferred? YES NO
- b. Is the applicant applying for a new Quota Retail Package license or a Quota Retail Drink license? YES NO
- c. Is the applicant acquiring an interest in the existing business? YES NO
12. Will gasoline or lubricating oil be sold or work be done on motor vehicles at the premises to be licensed? YES NO
 If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained? YES NO
13. Will tobacco products, alternative nicotine products, or vapor products be sold at the premises to be licensed? (KRS 438.305) YES NO
 If yes, check all products that will be sold:
- Tobacco products Alternative nicotine products Vapor products

SECTION E

14. Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
RETAIL - QUOTA		
<input type="checkbox"/> Quota Retail Package License (KRS 243.230, KRS 243.240, 804 KAR 9:040) A quota license must be available prior to applying.	\$570	\$285
<input type="checkbox"/> Quota Retail Drink License (KRS 243.230, 804 KAR 9:050) A quota license must be available prior to applying.	\$620	\$310
RETAIL-NON QUOTA		
<input type="checkbox"/> NQ Retail Malt Beverage Package License (KRS 243.280)	\$210	\$105
	If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$260: \$210 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	
<input type="checkbox"/> NQ-4 Retail Malt Beverage Drink License (KRS 243.088)	\$210	\$105
	If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$260: \$210 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	
<input type="checkbox"/> NQ-1 Retail Drink License (KRS 243.082) Specify the business type:	\$4,120	\$2,060
<input type="checkbox"/> Convention Center - Premises capacity of 1,000 persons		
<input type="checkbox"/> Horse Track - Premises located at a track licensed by the Kentucky Racing Commission (KRS 243.265). If qualifying as a horse racetrack, attach a copy of the racing license issued by the Kentucky Racing Commission.		
<input type="checkbox"/> Automobile Race Track - Premises seating capacity of 30,000 persons.		
<input type="checkbox"/> Air or Rail System - Commercial airline system or railroad company sells alcohol to passengers on scheduled or chartered trips. If qualifying as an air or rail system, attach a copy of the listing of the air or rail terminals used and the locations of the storage areas.		

SECTION E (Continued)

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<p><input type="checkbox"/> NQ-1 Retail Drink License (cont.)</p> <p><input type="checkbox"/> State Park - 9-hole or 18-hole golf course, or full-service lodge and dining room with or without a 9- or 18-hole golf course.</p>	\$4,120	\$2,060
<p><input type="checkbox"/> NQ-2 Retail Drink License (KRS 243.084) Specify the business type:</p> <p><input type="checkbox"/> Restaurant - Minimum 50% of gross annual income from food sales and minimum seating capacity of 50 persons at tables.</p> <p><input type="checkbox"/> Motel/Hotel - Minimum 50 sleeping rooms, 25,000 square feet of parking, and maintain a restaurant with 50% food sales and minimum seating capacity of 50 people at tables.</p> <p><input type="checkbox"/> Airport - Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually.</p> <p><input type="checkbox"/> Riverboat - Capacity to carry more than 100 passengers, and licensed by the U.S. Coast Guard. If qualifying as a Riverboat, attach a copy of the applicant's license issued by the United States Coast Guard authorizing the applicant's Riverboat to carry 100 or more passengers.</p>	\$830	\$415
<p><input type="checkbox"/> NQ-3 Retail Drink License (KRS 243.086) Specify the business type:</p> <p><input type="checkbox"/> Private Club - Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year. If qualifying as a private club, attach documentary evidence of the applicant's non-profit status.</p> <p><input type="checkbox"/> Dining Car - Railroad or Pullman car company that sells alcohol by package or drink on a train.</p> <p><input type="checkbox"/> Bed and breakfast – Must be located in wet territory and may only sell to registered overnight guests.</p> <p><input type="checkbox"/> Distillery – Must be located in wet territory or distillery moist territory and all employees who will be involved in sales/service must be STAR trained within thirty (30) days of beginning employment.</p>	\$310	\$155
<p><input type="checkbox"/> Limited Restaurant License LR100 or LR50 (KRS 241.010, KRS 242.1244, KRS 243.034)</p> <p><input type="checkbox"/> LR100 - Minimum 70% food sales and minimum seating capacity of 100 persons at tables.</p> <p><input type="checkbox"/> LR50 -Minimum 70% food sales and minimum seating capacity of 50 persons at tables.</p>	\$780	\$390
<p><input type="checkbox"/> Limited Golf Course License (KRS 243.038, KRS 243.039) 9-hole or 18-hole USGA regulation golf course.</p>	\$720	\$360
<p><input type="checkbox"/> Qualified Historic Site License (KRS 241.010, KRS 243.042)</p>	\$1,030	\$515
<p><input type="checkbox"/> Caterer's License (KRS 243.033, 804 KAR 4:310) Premises contains commissary (kitchen) and applicant holds food service permit. Attach a copy of the applicant's Food Service Permit issued by the local health department.</p>	\$830	\$415

SECTION E (Continued)

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<input type="checkbox"/> Transitional Malt Beverage License (KRS 243.045) Are you purchasing the existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If any outstanding tax liabilities or wholesaler debts are owed on the business, no permanent alcohol license shall be issued by the Department until any such debts are paid. 	\$60	N/A
<input type="checkbox"/> Transitional Distilled Spirits and Wine License (KRS 243.045) Are you purchasing the existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If any outstanding tax liabilities or wholesaler debts are owed on the business, no permanent alcohol license shall be issued by the Department until any such debts are paid. 	\$60	N/A
PRODUCER/SUPPLIER		
<input type="checkbox"/> Distiller's License - Class A [more than 50,000 gallons produced annually] (KRS 243.120, KRS 243.130, 804 KAR 4:050, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$3,090 \$6,180	\$1,545 \$4,635
<input type="checkbox"/> Distiller's License - Class B [50,000 gallons or less produced annually] (KRS 243.120, KRS 243.130, 804 KAR 4:050, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit. Attach the most recent Federal Monthly Report of Production Operations form if available.	\$1,000 \$2,000	\$500 \$1,500
<input type="checkbox"/> Rectifier's License - Class A [more than 50,000 gallons rectified annually] (KRS 243.120, KRS 243.130, 804 KAR 4:050, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$2,580 \$5,160	\$1,290 \$3,870
<input type="checkbox"/> Rectifier's License - Class B [50,000 gallons or less rectified annually] (KRS 243.120, KRS 243.130, 804 KAR 4:050, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit. Attach the most recent Federal Monthly Report of Processing Operations form if available.	\$825 1,650	\$412 \$1,545
<input type="checkbox"/> Winery License (KRS 243.120, KRS, 243.130, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$1,030 \$2,060	\$515 \$1,545

SECTION E (Continued)

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<input type="checkbox"/> Small Farm Winery License [not to exceed 100,000 gallons produced annually] (KRS 243.155) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit. If already licensed in another state, attach a copy of the license from applicable state(s). Attach the most recent Federal Report of Wine Premises Operation form if available.	\$110 \$220	\$55 \$165
<input type="checkbox"/> Brewer's License (KRS 243.150, KRS 244.606) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$2,580 \$5,160	\$1,290 \$3,870
<input type="checkbox"/> Microbrewery License [not to exceed 50,000 barrels produced annually] (KRS 243.157, KRS 244.606) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit. Attach the most recent Federal Brewer's Report of Operations form if available.	\$520 \$1,040	\$260 \$780
DISTRIBUTION/WHOLESALE		
<input type="checkbox"/> Wholesaler's License (KRS 243.160, KRS 243.170) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$2,060 \$4,120	\$1,030 \$3,090
<input type="checkbox"/> Distributor's License (KRS 243.180, KRS 244.606) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$520 1,040	\$260 \$780
<input type="checkbox"/> Small Farm Winery Wholesaler's License (KRS 243.154, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year Attach a copy of the Federal Basic Permit.	\$110 \$220	\$55 \$165
STORAGE		
<input type="checkbox"/> Malt Beverage Storage License (KRS 243.353) Specify the required business type: <input type="checkbox"/> Distributor <input type="checkbox"/> Brewer <input type="checkbox"/> Retailer Attach a copy of the Federal Basic Permit.	\$260	\$130
<input type="checkbox"/> Distilled Spirits/Wine Storage License (KRS 243.355) Attach a copy of the Federal Basic Permit.	\$620	\$310
<input type="checkbox"/> Bottle House/Bottling House Storage License (KRS 243.035, 804 KAR 4:040) Attach a copy of the Federal Basic Permit.	\$1,030	\$515

SECTION E (Continued)

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
SUPPLEMENTAL LICENSES		
<input type="checkbox"/> Supplemental Bar License Fees are required for the first five. (KRS 243.037, KRS 241.010) Select supplemental license type that applies to primary license type:		
<input type="checkbox"/> Quota Liquor Drink Supplemental Bar	\$620	\$310
<input type="checkbox"/> NQ-2 Supplemental Bar	\$830	\$415
<input type="checkbox"/> Limited Restaurant Supplemental Bar	\$780	\$390
<input type="checkbox"/> Limited Golf Course Supplemental Bar	\$720	\$360
<input type="checkbox"/> NQ-3 Private Club or Distillery Supplemental Bar	\$310	\$155
For how many Supplemental Licenses is the applicant applying? _____		
<input type="checkbox"/> Sampling License (KRS 244.050) Select the required primary license type: <ul style="list-style-type: none"> <input type="checkbox"/> Distillery <input type="checkbox"/> Quota Retail Package <input type="checkbox"/> Quota Retail Drink <input type="checkbox"/> NQ-2 Retail Drink 	\$110	\$55
<input type="checkbox"/> Special Sunday Retail Drink License Available only if authorized by local ordinance or election. (KRS 244.290)	\$520	\$260
<input type="checkbox"/> Extended Hours Supplemental License Available only to holders of NQ-1 Retail Drink Licenses, Licensee located within a commercial airport, and Qualified Historic Site Licenses (KRS 243.050, 804 KAR 4:230)	\$2,060	\$1,030
<input type="checkbox"/> Small Farm Winery Off-Premises License (KRS 243.155) Kentucky ABC license number: _____	\$30	\$15
<input type="checkbox"/> Hotel In-Room License (KRS 243.055)	\$210	\$105
SPECIALTY LICENSES		
<input type="checkbox"/> Entertainment Destination Center License (804 KAR 4:370)	\$7,730	\$3,865
<input type="checkbox"/> Brew on Premises License (804 KAR 4:340)	\$520	\$260
<input type="checkbox"/> Special Nonbeverage Alcohol License (KRS 243.320)	\$60	\$30
<input type="checkbox"/> Authorized Public Consumption License (KRS 243.089) Attach copy of the local permit. Attach proof of general liability insurance.	\$250	\$125

SECTION F

15. List all types of licenses applied for in Section E: _____

16. Describe in detail the type of business and how alcoholic beverages will be sold: _____

If applicable, how will Malt Beverages (beer) be sold at the business?

Drink Only

Package Only

Both Drink and Package.

If applicable, how will Wine and Distilled Spirits be sold at the business?

Drink Only

Package Only

Both Drink and Package.

SELLER VERIFICATION

(applicable only if the applicant is buying an existing business or quota license)

If the applicant is buying an existing business or a current quota ABC license, then the seller must complete and sign this section.

I (we), _____, hereby swear and affirm that I am the owner or

(print full name)

authorized officer of _____ that holds the following state license(s), the numbers of which are given here:

(name of business)

_____. The business is located at _____.

(business address)

My contact information is _____, _____, _____, _____, _____.

(street address)

(city)

(county)

(state)

(zip)

(phone number)

(fax number)

(email address)

I (we) hereby surrender said license(s) and in doing so relinquish all rights and claims thereto and all privileges hereunder. I understand that if a license transfer is not approved, said license surrender shall be null and void and the license shall remain in the seller's name.

Signature of Seller(s): _____ Title: _____ Date: _____
(If a partnership, all partners must sign. If a corporation, only one officer must sign.)

LOCAL ABC ADMINISTRATOR APPROVAL

(Applicants must complete this section if an equivalent local license is required)

Pursuant to KRS 243.370, if a city or county alcohol license is required, then the local ABC Administrator must approve this application before it can be submitted to the state ABC. Take or mail this application and all attachments to the local ABC Administrator. Obtain the local ABC Administrator's signature and approval before filing this application with the state ABC office.

LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL

I certify under oath that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

The premises to be licensed is located in the following wet or moist PRECINCT: _____

APPLICANT NAME: _____ ADDRESS: _____

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR : _____ DATE: _____

PRINTED NAME OF LOCAL ABC ADMINISTRATOR : _____

City of _____ Administrator OR County of _____ Administrator

APPLICATION AFFIDAVIT

Affidavit of buyer or new applicant for the ABC license(s)

I, (print your name here) _____, do hereby swear or affirm under penalty of perjury that all statements contained in this application and any its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (C) of this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Buyer or New Applicant: _____ Title: _____ Date: _____

CHECK LIST

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Have you included a completed REMITTANCE FORM or a certified check, cashier's check, business check, or money order for license(s) fees made payable to the "Kentucky State Treasurer"? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | No cash will be accepted. | | |
| 2. | Have you answered each question fully and checked the type(s) of license(s) you are applying for? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Have you signed your application(s) ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | If applicable, has the seller signed the application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Have you attached a certified copy of your newspaper advertisement for this license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | Have you attached a signed/valid copy of your deed or lease? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | Have you attached a copy of your criminal background check from the state(s) where you have resided for the past five years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | Have you secured the signature of approval from your local ABC Administrator on this application (if applicable)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Visit http://abc.ky.gov for a list of Local ABC Administrators in your area. | | |
| 9. | Have you reviewed your application to assure there are no errors, missing information and/or responses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. | Have all additional required documents been attached? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

REMITTANCE FORM

*******There will be a 2.75% Convenience Fee added to the total for Credit Card payments and \$0.35 for Electronic Fund Transfer/Automated Clearing House (EFT/ACH) payments.*****
Please fill out the information for the chosen payment type and sign at the bottom of the page.**

Please provide your name, address and telephone number in case we need to contact you regarding this payment:

Name

Address

Telephone Number

Amount of payment \$

EFT/ACH PAYMENT

Print Name (as it appears on the account) _____

Routing Number _____

Account Number _____

CREDIT CARD PAYMENT

Card Type: Visa

Master Card

Discover

Print Name (as it appears on the account) _____

Card Number _____

Expiration Date (Month/Year) _____

CVV/Credit Card Security Code (3 digit number on the back of the card) _____

PAYMENT REASON & AUTHORIZATION

Please apply this payment to the following licensee _____

License Number(s) _____

SITE ID # _____

Reason for payment _____

By signing and dating this form, I authorize my credit card to be charged or bank account to be debited for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Name

Date